

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.03880684</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,130,181.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,130,181.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,687,647.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00010712</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,119.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,119.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,835.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00140804</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,006.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,006.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>164,993.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00968260</b>

<b>Gross Claim</b>	<b>\$</b>	<b>281,988.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>281,988.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,123,486.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00148305</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,191.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,191.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>171,741.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00117511</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,223.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,223.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>135,458.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01993726</b>

<b>Gross Claim</b>	<b>\$</b>	<b>580,637.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>580,637.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,409,592.54</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00137442</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,027.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,027.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>159,633.33</b>



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EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00541125</b>

<b>Gross Claim</b>	<b>\$</b>	<b>157,593.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>157,593.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>625,192.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.02513131</b>

<b>Gross Claim</b>	<b>\$</b>	<b>731,905.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>731,905.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,041,999.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00132620</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,623.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,623.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>153,819.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00953401</b>

<b>Gross Claim</b>	<b>\$</b>	<b>277,661.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>277,661.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,096,546.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00961922</b>

<b>Gross Claim</b>	<b>\$</b>	<b>280,143.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>280,143.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,111,869.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00180372</b>

<b>Gross Claim</b>	<b>\$</b>	<b>52,530.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>52,530.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>208,952.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01700992</b>

<b>Gross Claim</b>	<b>\$</b>	<b>495,384.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>495,384.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,058,400.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00480994</b>

<b>Gross Claim</b>	<b>\$</b>	<b>140,081.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>140,081.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>559,138.66</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00211502</b>

<b>Gross Claim</b>	<b>\$</b>	<b>61,596.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>61,596.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>247,776.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00142893</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,615.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,615.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>166,986.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.30831078</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,979,014.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,979,014.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>37,229,567.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00479845</b>

<b>Gross Claim</b>	<b>\$</b>	<b>139,746.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>139,746.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>557,610.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01081178</b>

<b>Gross Claim</b>	<b>\$</b>	<b>314,874.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>314,874.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,243,333.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00076956</b>

<b>Gross Claim</b>	<b>\$</b>	<b>22,412.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,412.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>89,429.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00305329</b>

<b>Gross Claim</b>	<b>\$</b>	<b>88,921.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,921.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>356,136.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00617173</b>

<b>Gross Claim</b>	<b>\$</b>	<b>179,740.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>179,740.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>749,769.88</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00085162</b>

<b>Gross Claim</b>	<b>\$</b>	<b>24,801.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,801.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>99,099.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00118574</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,532.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,532.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>140,209.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00804886</b>

<b>Gross Claim</b>	<b>\$</b>	<b>234,409.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>234,409.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>972,672.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00459340</b>

<b>Gross Claim</b>	<b>\$</b>	<b>133,774.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>133,774.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>530,262.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00293934</b>

<b>Gross Claim</b>	<b>\$</b>	<b>85,603.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>85,603.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>340,294.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.06285825</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,830,637.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,830,637.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,653,371.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00374119</b>

<b>Gross Claim</b>	<b>\$</b>	<b>108,955.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>108,955.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>453,891.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00125255</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,478.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,478.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>144,097.49</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.03244362</b>

<b>Gross Claim</b>	<b>\$</b>	<b>944,863.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>944,863.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,929,573.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.03395164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>988,782.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>988,782.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,114,138.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00173511</b>

<b>Gross Claim</b>	<b>\$</b>	<b>50,532.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>50,532.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>200,756.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.03913066</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,139,612.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,139,612.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,756,176.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.07561831</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,202,251.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,202,251.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,233,818.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.05881528</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,712,892.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,712,892.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,102,222.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01500577</b>

<b>Gross Claim</b>	<b>\$</b>	<b>437,016.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>437,016.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,821,895.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00454601</b>

<b>Gross Claim</b>	<b>\$</b>	<b>132,394.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>132,394.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>549,661.93</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01385228</b>

<b>Gross Claim</b>	<b>\$</b>	<b>403,423.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>403,423.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,673,805.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00831078</b>

<b>Gross Claim</b>	<b>\$</b>	<b>242,036.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>242,036.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,004,443.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.03359795</b>

<b>Gross Claim</b>	<b>\$</b>	<b>978,481.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>978,481.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,061,722.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00552830</b>

<b>Gross Claim</b>	<b>\$</b>	<b>161,002.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>161,002.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>667,559.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00838402</b>

<b>Gross Claim</b>	<b>\$</b>	<b>244,169.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>244,169.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>971,453.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00028429</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,279.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,279.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>33,285.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**SISKIYOU COUNTY TREASURER**  
311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00226200</b>

<b>Gross Claim</b>	<b>\$</b>	<b>65,876.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>65,876.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>262,198.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01198133</b>

<b>Gross Claim</b>	<b>\$</b>	<b>348,935.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>348,935.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,395,182.60</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01903962</b>

<b>Gross Claim</b>	<b>\$</b>	<b>554,495.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>554,495.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,196,210.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01152753</b>

<b>Gross Claim</b>	<b>\$</b>	<b>335,719.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>335,719.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,396,207.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00443471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>129,153.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>129,153.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>511,329.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00299501</b>

<b>Gross Claim</b>	<b>\$</b>	<b>87,224.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>87,224.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>346,315.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00125218</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,467.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,467.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>146,341.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01098834</b>

<b>Gross Claim</b>	<b>\$</b>	<b>320,016.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>320,016.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,334,765.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00230353</b>

<b>Gross Claim</b>	<b>\$</b>	<b>67,086.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,086.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>266,403.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.01319955</b>

<b>Gross Claim</b>	<b>\$</b>	<b>384,413.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>384,413.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,596,552.48</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00366030</b>

<b>Gross Claim</b>	<b>\$</b>	<b>106,599.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>106,599.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>442,882.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00383600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>111,716.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>111,716.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>445,063.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A  
PAYMENT ISSUE DATE: 12/27/2013

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00140109</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,804.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,804.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>170,671.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00628926</b>

<b>Gross Claim</b>	<b>\$</b>	<b>183,163.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>183,163.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>765,698.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300184A

PAYMENT ISSUE DATE: 12/27/2013

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 11/16/2013 TO: 12/15/2013

<b>Total amount collected:</b>	<b>\$233,460,663.32</b>	<b>Percentage of collection:</b>	<b>0.12474589</b>
<b>Gross monthly apportionment:</b>	<b>\$29,123,258.23</b>	<b>County/City Ratio:</b>	<b>0.00207503</b>

<b>Gross Claim</b>	<b>\$</b>	<b>60,431.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>60,431.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>252,581.37</b>